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Bib Data Sheet

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10/045,629	10/25/2001	315	2821	C01104/70091 RFG
RULE				

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/243,250 10/25/2000  
 and claims benefit of 60/296,377 06/06/2001  
 and claims benefit of 60/297,828 06/13/2001  
 and claims benefit of 60/290,101 05/10/2001  
 and is a CIP of 09/669,121 09/25/2000  
 which is a CON of 09/425,770 10/22/1999 PAT 6,150,774  
 which is a CON of 08/920,156 08/26/1997 PAT 6,016,038  
 This application 10/045,629  
 is a CIP of 09/215,624 12/17/1998 PAT 6,528,954  
 and is a CIP of 09/213,607 12/17/1998 ABN  
 and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919  
 and is a CIP of 09/213,581 12/17/1998  
 and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745  
 and is a CIP of 09/333,739 06/15/1999  
 and is a CIP of 09/344,699 06/25/1999  
 and is a CIP of 09/616,214 07/14/2000  
 and is a CIP of 09/870,418 05/30/2001 \*  
 and is a CIP of 09/805,368 03/13/2001  
 and is a CIP of 09/805,590 03/13/2001  
 and is a CIP of 09/870,193 05/30/2001 PAT 6,608,453  
 and is a CIP of 09/742,017 12/20/2000 ABN  
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496  
 This application 10/045,629  
 is a CIP of 09/815,418 03/22/2001 PAT 6,577,080  
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496  
 This application 10/045,629  
 claims benefit of 60/071,281 12/17/1997  
 and claims benefit of 60/068,792 12/24/1997  
 and claims benefit of 60/078,861 03/20/1998  
 and claims benefit of 60/079,285 03/25/1998  
 and claims benefit of 60/090,920 06/26/1998  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 04/12/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		01 <b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 54	<b>INDEPENDENT CLAIMS</b> 7
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> 37462					
<b>TITLE</b> METHODS AND APPARATUS FOR CONTROLLING ILLUMINATION					
<b>FILING FEE RECEIVED</b> 1251	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 5px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Credit</div>			